

Ladies First | Schedule of Fees for Covered Services

Based on Medicare Part B Rates and effective January 1, 2013

CPT Code	Description	Non-Facility Fee	Facility Fee
00400	Anesthesia (base code of 3 RVU plus # of units x rate) Allowed Modifiers: AA, QZ, QK, QY, & QX	\$23.38	\$23.38
10021	Fine needle aspiration (FNA); without imaging guidance	\$165.63	\$73.84
10022	Fine needle aspiration (FNA); with imaging guidance	\$152.75	\$68.45
19000	Puncture aspiration of cyst of breast	\$123.41	\$45.10
19001	Puncture aspiration of cyst of breast, each additional cyst, used with 19000	\$28.26	\$22.63
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$166.46	\$71.30
19101	Breast biopsy, open, incisional	\$374.77	\$233.52
19102	Breast biopsy, percutaneous, needle core, w/ imaging guidance; for placement of localization clip please use CPT code 19295	\$235.11	\$106.23
19103	Breast biopsy, percutaneous, auto vacuum assisted or rotating biopsy device, w/imaging guidance	\$613.51	\$198.00
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	\$529.41	\$436.13
19125	Excision of breast lesion ID'd by preop placement of radiological marker; open; single lesion	\$587.01	\$483.61
19126	Excision of breast lesion ID'd by preop placement of radiological marker, open; each additional lesion separately identified by a preop radiological marker	\$165.34	\$165.34
19290	Preoperative placement of needle localization wire (breast)	\$173.70	\$66.92
19291	Preoperative placement of needle localization wire (breast) — each additional lesion	\$74.28	\$33.06
19295	Image — guided placement, metallic localization clip, percutaneous, during breast biopsy	\$105.12	\$105.12
36415	Collection of venous blood by venipuncture	\$3.00	\$3.00
57452	Colposcopy of the cervix including upper/adjacent vagina	\$117.66	\$98.54
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage	\$164.86	\$145.39
57455	Colposcopy with biopsy(s) of cervix	\$154.58	\$117.86
57456	Colposcopy with endocervical curettage	\$145.96	\$110.00
57460	Endoscopy with loop electrode biopsy(s) of the cervix – REVIEW REQUIRED [diagnostic only]	\$312.90	\$174.27
57461	Endoscopy with loop electrode conization of the cervix – REVIEW REQUIRED [diagnostic only]	\$352.08	\$199.96
57500	Biopsy of cervix, single or multiple, or local excision of lesion, w/ or w/out fulguration	\$141.65	\$81.70
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$111.68	\$100.43
57520	Conization of the cervix, w/ or w/out fulguration, w/ or w/out dilation & curettage, w/ or w/out repair; cold knife or laser — REVIEW REQUIRED [diagnostic only]	\$330.50	\$294.17
57522	Loop electrode excision procedure – REVIEW REQUIRED [diagnostic only]	\$285.03	\$262.53
58100	Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy) — REVIEW REQUIRED [diagnostic following AGC Pap only]	\$118.06	\$93.69
58110	Endometrial sampling (biopsy) performed in conjuction with colposcopy (List separately in addition to code for primary procedure) – REVIEW REQUIRED [diagnostic following AGC Pap only]	\$51.32	\$43.46
71020	Radiologic examination, chest, two views, frontal and lateral — REVIEW REQUIRED	\$33.70	\$33.70

71020 26	Radiologic examination, chest, two views, frontal and lateral — REVIEW REQUIRED	\$11.39	\$11.39
71020 TC	Radiologic examination, chest, two views, frontal and lateral - REVIEW REQUIRED	\$22.31	\$22.31
G0202	Screening Mammogram, Digital, Bilateral	\$151.81	\$151.81
G0202 26	Screening Mammogram, Digital, Bilateral	\$37.33	\$37.33
G0202 TC	Screening Mammogram, Digital, Bilateral	\$114.48	\$114.48
G0204	Diagnostic Mammogram, Digital, Bilateral	\$184.94	\$184.94
G0204 26	Diagnostic Mammogram, Digital, Bilateral	\$46.48	\$46.48
G0204 TC	Diagnostic Mammogram, Digital, Bilateral	\$138.46	\$138.46
G0206	Diagnostic Mammogram, Digital, Unilateral	\$145.82	\$145.82
G0206 26	Diagnostic Mammogram, Digital, Unilateral	\$37.33	\$37.33
G0206 TC	Diagnostic Mammogram, Digital, Unilateral	\$108.49	\$108.49
76098	Radiological examination, surgical specimen	\$20.60	\$20.60
76098 26	Radiological examination, surgical specimen	\$8.41	\$8.41
76098 TC	Radiological examination, surgical specimen	\$12.19	\$12.19
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$99.41	\$99.41
76645 26	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$28.39	\$28.39
76645 TC	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$71.02	\$71.02
76942	Ultrasonic guidance for needle placement, biopsy of breast	\$228.63	\$228.63
76942 26	Ultrasonic guidance for needle placement, biopsy of breast	\$35.09	\$35.09
76942 TC	Ultrasonic guidance for needle placement, biopsy of breast	\$193.53	\$193.53
76970	Breast Ultrasound — follow-up study	\$92.32	\$92.32
76970 26	Breast Ultrasound — follow-up study	\$21.31	\$21.31
76970 TC	Breast Ultrasound – follow-up study	\$71.02	\$71.02
77031	Stereotactic localization guidance for breast biopsy or needle placement	\$140.46	\$140.46
77031 26	Stereotactic localization guidance for breast biopsy or needle placement	\$83.31	\$83.31
77031 TC	Stereotactic localization guidance for breast biopsy or needle placement	\$57.16	\$57.16
77032	Mammographic guidance for needle placement, breast	\$56.86	\$56.86
77032 26	Mammographic guidance for needle placement, breast	\$28.93	\$28.93
77032 TC	Mammographic guidance for needle placement, breast	\$27.93	\$27.93
77055	Mammography; unilateral	\$97.12	\$97.12
77055 26	Mammography; unilateral	\$36.20	\$36.20
77055 TC	Mammography; unilateral	\$60.90	\$60.90
77056	Mammography; bilateral	\$124.99	\$124.99
77056 26	Mammography; bilateral	\$45.36	\$45.36
77056 TC	Mammography; bilateral	\$79.64	\$79.64
77057	Screening mammogram, bilateral (2-view film study of each breast)	\$88.87	\$88.87
77057 26	Screening mammogram, bilateral (2-view film study of each breast)	\$36.59	\$36.59
77057 TC	Screening mammogram, bilateral (2-view film study of each breast)	\$52.29	\$52.29
80048	Basic metabolic panel	\$11.63	\$11.63
80053	Comprehensive metabolic panel	\$14.53	\$14.53
80061	Lipid panel	\$15.09	\$15.09
82465	Cholesterol, serum or whole blood, total	\$5.98	\$5.98
82947	Blood glucose, quantitative (except reagent strip)	\$5.39	\$5.39
82948	Blood glucose, reagent strip	\$3.51	\$3.51
82951	Glucose tolerance test (GTT), three specimens	\$17.69	\$17.69

83036	Hemoglobin assay	\$13.34	\$13.34
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$7.93	\$7.93
87621	Human papillomavirus (HPV) amplified probe	\$36.90	\$36.90
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/interpretation	\$83.42	\$83.42
88104 26	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/interpretation	\$31.14	\$31.14
88104 TC	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/interpretation	\$52.29	\$52.29
88141 [†]	Cytopathology, cervical, requiring interpretation by physician	\$34.21	\$34.21
88142 [†]	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screen — MD supervision	\$27.85	\$27.85
88143 [†]	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screening- MD supervision	\$27.85	\$27.85
88150 [†]	Cytopathology, slides, cervical; manual screening under MD supervision	\$14.53	\$14.53
88160	Cytopathology, smears, any other source; screening and interpretation	\$69.59	\$69.59
88160 26	Cytopathology, smears, any other source; screening and interpretation	\$27.78	\$27.78
88160 TC	Cytopathology, smears, any other source; screening and interpretation	\$41.80	\$41.80
88161	Cytopathology, smears, any other source; preparation, screening, and interpretation	\$66.21	\$66.21
88161 26	Cytopathology, smears, any other source; preparation, screening, and interpretation	\$26.66	\$26.66
88161 TC	Cytopathology, smears, any other source; preparation, screening, and interpretation	\$39.55	\$39.55
88162	Cytopathology, extended study involving over 5 slides and/or multiple stains	\$105.13	\$105.13
88162 26	Cytopathology, extended study involving over 5 slides and/or multiple stains	\$42.35	\$42.35
88162 TC	Cytopathology, extended study involving over 5 slides and/or multiple stains	\$62.78	\$62.78
88164 [†]	Cytopathology, slides, cervical (the Bethesda System); manual screening under MD Supervision	\$14.53	\$14.53
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$59.78	\$59.78
88172 26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$38.58	\$38.58
88172 TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$21.18	\$21.18
88173	Cytopathology — evaluation of fine needle aspirate: interpretation and report	\$163.98	\$163.98
88173 26	Cytopathology — evaluation of fine needle aspirate: interpretation and report	\$76.10	\$76.10
88173 TC	Cytopathology — evalutaion of fine needle aspirate: interpretation and report	\$87.88	\$87.88
88174 [†]	Cytopathology, cervical, collected in preservative fluid, automated thin layer preparation; screening by automated system, under MD supervision	\$29.37	\$29.37
88175 [†]	Cytopathology, cervical, screening by automated system & manual rescreening or review, MD supervision	\$36.41	\$36.41
88305	Surgical pathology, gross and microscopic examination, Level IV	\$76.62	\$76.62
88305 26	Surgical pathology, gross & microscopic examination, Level IV	\$40.08	\$40.08
88305 TC	Surgical pathology, gross and microscopic examination, Level IV	\$36.55	\$36.55
88307	Surgical pathology, gross and microscopic examination, Level V	\$326.14	\$326.14
88307 26	Surgical pathology, gross and microscopic examination, Level V	\$89.15	\$89.15
88307 TC	Surgical pathology, gross and microscopic examination, Level V	\$236.99	\$236.99
88321	Surgical pathology, consultation & report on referred slides prepared elsewhere - REVIEW REQUIRED	\$100.49	\$89.62
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen — REVIEW REQUIRED	\$109.09	\$109.09

88331 26	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen - REVIEW REQUIRED	\$66.92	\$66.92
88331 TC	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen — REVIEW REQUIRED	\$42.17	\$42.17
88332	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$47.45	\$47.45
88332 26	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$33.01	\$33.01
88332 TC	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$14.44	\$14.44
88342	Immunohistochemistry	\$126.09	\$126.09
88342 26	Immunohistochemistry	\$45.70	\$45.70
88342 TC	Immunohistochemistry	\$80.39	\$80.39
99070	Supplies and materials, reimbursed at manual price - REVIEW REQUIRED		
99201	Office visit — new patient (10 minutes)	\$47.52	\$27.66
99202	Office visit – new patient (20 minutes)	\$80.59	\$52.50
99203	Office visit – new patient (30 minutes)	\$116.36	\$80.02
99204	Office visit – new patient (45 minutes)	\$176.73	\$136.65
99205	Office visit — new patient (60 minutes)	\$218.93	\$175.85
99211	Office visit — established patient (5 minutes)	\$22.25	\$9.51
99212	Office visit — established patient (10 minutes)	\$47.52	\$26.15
99213	Office visit – established patient (15 minutes)	\$78.72	\$53.23
99214	Office visit — established patient (25 minutes)	\$115.51	\$82.17
99215	Office visit — established patient (40 minutes)	\$154.38	\$115.78
99385	Initial comprehensive preventive medicine visit — new patient (18-39 years with risk factors)	\$116.36	\$80.02
99386	Initial comprehensive preventative medicine visit – new patient (40-64 years)	\$116.36	\$80.02
99387	Initial comprehensive preventive medicine visit – new patient (65+ years)	\$116.36	\$80.02
99395	Periodic comprehensive preventive medicine visit — established patient (18-39 years with risk factors)	\$78.72	\$53.23
99396	Periodic comprehensive preventive medicine visit — established patient (40-64 years)	\$78.72	\$53.23
99397	Periodic comprehensive preventive medicine visit — established patient (65+ years)	\$78.72	\$53.23
98960	Ed/Train.PT self mngmnt by Qualfd, non md hlth prof face/face with pt 30 min, pt only	\$17.01	\$17.01
98961	Ed/Train.PT self mngmnt by Qualfd, non md hlth prof face/face with pt 30 min, 2-4 pts	\$9.61	\$9.61
98962	Ed/Train.PT self mngmnt by Qualfd, non md hlth prof face/face with pt 30 min, 5-8pts	\$6.12	\$6.12
99401	Prev. medicine counseling and /or risk factor reduc. intervention(s) indv., 15 min	\$29.13	\$29.13
99402	Prev. medicine counseling and /or risk factor reduc. intervention(s) indv., 30 min	\$49.66	\$49.66
99403	Prev. medicine counseling and /or risk factor reduc. intervention(s) indv., 45 min	\$69.48	\$69.48
99404	Prev. medicine counseling and /or risk factor reduc. intervention(s) indv., 60 min	\$89.14	\$89.14
99411	Prev. medicine counseling and /or risk factor reduc. intervention(s) grp., 30 min	\$9.73	\$9.73
99412	Prev. medicine counseling and /or risk factor reduc. intervention(s) grp., 60 min	\$12.72	\$12.72
99420	Administration and interpretation of health risk assessment instrument	\$8.62	\$8.62
A0110	Non-emergency transportation and bus, intra or interstate carrier - REVIEW REQUIRED		
A0080	Non-emergency transportation, per mile-vehicle provided by volunteer (individual organization), with no vested interest. Hardship drivers @ \$.18 per mile.	\$.555 per mile	
A0100	Non-emergency transportation - taxi — REVIEW REQUIRED		
	gamey and an area and an area and area area.		

 $[\]dagger$ Ladies First ONLY covers the vaginal component of noted CPT codes under the following circumstances, "the client's complete hysterectomy was performed due to cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer."



ICD-9-CM Codes 2013

VERMONT DEPARTMENT OF HEALTH

NOTE: Do not see a code that has been used? Contact Ladies First.

174.0	Malignant neoplasm of the female breast — Nipple and areola
174.1	Malignant neoplasm of the female breast — Central Portion
174.2	Malignant neoplasm of the female breast — Upper-inner quadrant
174.3	Malignant neoplasm of the female breast — Lower-inner quadrant
174.4	Malignant neoplasm of the female breast — Upper-outer quadrant
174.5	Malignant neoplasm of the female breast — Lower-outer quadrant
174.6	Malignant neoplasm of the female breast — Axillary tail
174.9	Malignant neoplasm of the female breast — unspecified
180.8	Malignant neoplasm of genitourinary organs, other specified cites of the cervix
217	Benign neoplasm of breast
219.0	Benign neoplasm of cervix uteri
233.0	Carcinoma is situ of breast and genitourinary system — Breast
233.1	Carcinoma is situ of breast and genitourinary system — Cervix uteri
239.3	Neoplasm of unspecified nature — breast
250.00	Diabetes mellitus without complication type 2 or unspecified type not stated as uncontrolled
250.01	Diabetes mellitus without complication type 1 not stated as uncontrolled
250.02	Diabetes mellitus without complication type 2 or unspecified type uncontrolled
250.03	Diabetes mellitus without complication type 1 uncontrolled
250.10	Diabetes mellitus with ketoacidosis type 2 or unspecified type not stated as uncontrolled
250.11	Diabetes mellitus with ketoacidosis type 1 not stated as uncontrolled
250.12	Diabetes mellitus with ketoacidosis type 2 or unspecified type uncontrolled
250.90	Diabetes mellitus with unspecified complication type 2 or unspecified type not stated as uncontrolled
272.0	Pure hypercholesterolemia
272.2	Mixed hyperlipidemia
272.4	Unspecified hyperlipidemia
272.9	Unspecified disorders of lipoid metabolism
278.00	Obesity, unspecified – BMI between 30.0 and 38.9
278.01	Morbid obesity – BMI of 39 or greater
401.0	Malignant essential hypertension
401.1	Benign essential hypertension
401.9	Unspecified essential hypertension
405.09	Secondary hypertension, malignant – other
405.19	Secondary hypertension, benign – other
405.99	Secondary hypertension, unspecified – other
429.2	Cardiovascular disease, unspecified
610.0	Benign mammary dysplasia – Solitary cyst of breast
610.1	Benign mammary dysplasia – Diffuse cystic mastopathy Renign mammary dysplasia – Eibroadonosis of broast
610.2	Benign mammary dysplasia – Fibroadenosis of breast
610.4	Benign mammary dysplasia – Fibrosclerosis of breast
610.4	Benign mammary dysplasia – Mammary duct ectasia Benign mammary dysplasia – Other specified benign mammary dysplasia
610.9	Benign mammary dysplasia – Other specified benign mammary dysplasia Benign mammary dysplasia – Unspecified benign mammary dysplasia
611.0	Other disorders of breast – Inflammatory disease of breast
611.1	Other disorders of breast – Hypertrophy of breast
611.2	Other disorders of breast – Fissure of nipple
611.3	Other disorders of breast – Fat necrosis of breast
311.3	טנווכר עושטועכרט טו שובמשנ – רמנ וופטרטשוש טו שופמשנ

Billable Cardiovascular disease screening codes

611.4	Other disorders of breast – Atrophy of breast		
611.5	Other disorders of breast – Galactocele		
611.6	Other disorders of breast – Galactorrhea not associated with childbirth		
611.71	Other disorders of breast – Mastodynia		
611.72	Other disorders of breast – Lump or mass in breast		
611.79	Other disorders of breast — Other signs & symptoms in breast		
611.89	Other specified disorders of the breast		
611.9	Unspecified disorders of the breast		
616.0	Cervicitis and endocervicitis		
622.10	Unspecified dysplasia of cervix		
622.11	Mild dysplasia of cervix		
622.12	Moderate dysplasia of cervix		
648.8	Mucous polyp of cervix		
757.6	Gestational diabetes mellitus – diabetes arising in pregnancy		
	Disorders of skin, breast		
790.21	Impaired fasting glucose		
790.29 793.80	Other abnormal glucose		
793.80	Unspecified abnormal mammogram		
793.81	Mammographic microcalcification		
793.82	Inconclusive mammogram Other abnormal findings on radiological examination of breast		
795.00	Other abnormal findings on radiological examination of breast		
795.00	Abnormal glandular Papanicolaou smear of cervix		
	Papanicolaou smear of cervix with atypical squamous cells of undetermined significance (ASC-US)		
795.02	Papanicolaou smear of cervix with atypical squamous cells cannot exclude high-grade squamous intraepithelial lesion (ASC-H)		
795.03	Papanicolaou smear of cervix with low-grade squamous intraepithelial lesion (LGSIL)		
795.04	Papanicolaou smear of cervix with high-grade squamous intraepithelial lesion (HGSIL)		
795.05	Cervical high-risk human papillomavirus (HPV) DNA test positive		
795.08	Unsatisfactory smear		
795.09	Other abnormal Papanicolau smear of cervix and cervical HPV		
796.2	Elevated blood pressure reading without diagnosis of hypertension		
V10.3	Potential health hazard related to person or family history, breast		
V10.41	Potential health hazard related to person or family history, cervix uteri		
V15.82	History of tobacco use		
V16.3	Family history of malignant neoplasm, breast		
V17.4	Family history of certain chronic disabling diseases, other cardiovascular diseases		
V26.3	Genetic counseling and testing		
V65.3	Dietary surveillance and counseling		
V67.9	Unspecified follow-up examination		
V70.0	Routine general medical examination at health care facility		
V71.1	Observation for suspected malignant neoplasm		
V72.31	Routine gynecological exam		
V72.32	Encounter for pap, smear to confirm findings		
V72.6	Special investigations and exams, lab exams		
V72.62	Laboratory examination ordered as part of a routine general medical exam		
V76.10	Screening for malignant neoplasm, breast		
V76.11	Screening mammography, high risk patient		
V76.12	Other screening mammogram		
V76.19	Other screening breast exam		
V76.2	Screening for malignant neoplasm of cervix		
V77.1	Diabetes mellitus Sereoning for livid disorders		
V77.91	Screening for lipid disorders Special careening for cardiovascular condition, unspecified		
V81.2	Special screening for cardiovascular condition, unspecified		

Billable Cardiovascular disease screening codes



2013 Revenue Codes For use with UB-04 Claim Form only

Must be associated with CPT Codes listed on Ladies First Fee Schedule.

Paid at the Medicare-B rate listed on the current Ladies First Fee Schedule.

Do not see a code that has been used? Contact Ladies First.

0280	Oncology
0300	Lab General (WW)
0310	Lab Pathology, General
0311	Lab Pathology, Cytology
0320	Radiology, General
0360	Operating Room Services, Minor Surgery
0361	OR Services, Minor Surgery
0370	Anesthesia
0371	Anesthesia
0372	Anesthesia
0401	Other Imaging Services, Mammography
0402	Other, Ultrasound
0403	Screening Mammography
0450	ER General
0490	General Classification Ambulatory Surgery
0510	Clinical, General

BY REVIEW — Reimbursed per itemized review

0250	Pharmacy
0258	IV Solutions
0260	IV Therapy, General
0262	IV Therapy – Solutions
0264	IV Therapy, Supplies
0270	Supplies- Devices, General
0271	Non-Sterile Supplies
0272	Sterile Supplies
0621	Supplies Medical-Surgical Incident to Radiology
0710	Recovery, General
0761	Treatment Room
0988	Professional Fees, Consultation